

Official Form 5 (10/06)

United States Bankruptcy Court _____ Northern _____ District of _____ Illinois _____		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) Mississippi Valley Livestock, Inc.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.): <div style="text-align: center;">36-4484518</div>			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 43 Roosevelt Road East Dubuque, IL 61025		MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <div style="text-align: center;">Jo Daviess, County, IL</div> <div style="text-align: right;">ZIP CODE</div>		<div style="text-align: right;">ZIP CODE</div>	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <div style="text-align: center;"> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 </div>			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor <div style="text-align: center;">n/a</div>		Case Number <div style="text-align: center;">Date</div>	
Relationship <div style="text-align: center;">District</div>		<div style="text-align: center;">Judge</div>	
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3. a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY	

Official Form 5 (10/06) – Cont.

Mississippi Valley Livestock,
Name of Debtor Inc.
Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____ Signature of Petitioner or Representative (State title) Galena State Bank & Trust Co.</p> <p>Name of Petitioner _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative Capacity _____</p> </div> <div> <p><i>Andrew E. Townsend, President & CEO</i> 971 Gear Street Galena, IL 61036</p> <p><i>owner</i></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____ Signature of Attorney Holmstrom & Kennedy, P.C.</p> <p>Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____</p> </div> <div> <p><i>Bradley T. Koch</i> 800 N. Court Street, Rockford, IL 61103 815-962-7071</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____ Signature of Petitioner or Representative (State title) Schier Trucking, LLC</p> <p>Name of Petitioner _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative Capacity _____</p> </div> <div> <p><i>Larry A. Schier, Member</i> 1287 Mt. Morris Road Mt. Morris, IL 61054</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____ Signature of Attorney</p> <p>Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____</p> </div> <div> <p><i>5/24/07</i></p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____ Signature of Petitioner or Representative (State title) Kness Trucking, Inc.</p> <p>Name of Petitioner _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative Capacity _____</p> </div> <div> <p><i>Judith A. Kness, President</i> PO Box R63 Chadwick, IL 61014</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____ Signature of Attorney</p> <p>Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____</p> </div> <div> <p><i>5/21/07</i></p> </div> </div>	

PETITIONING CREDITORS		
Name and Address of Petitioner Galena State Bank & Trust, Co., 971 Gear St, Galena, IL 61036	Nature of Claim Promissory Notes	Amount of Claim In excess of \$1,000,000.00 unsecured
Name and Address of Petitioner Schier Trucking, LLC, 1287 Mt. Morris Rd, Mt. Morris, IL 61054	Nature of Claim Trucking services rendered	Amount of Claim \$11,397.00
Name and Address of Petitioner Kness Trucking, Inc. PO Box R63, Chadwick, IL 61014	Nature of Claim Trucking services rendered	Amount of Claim \$76,589.18
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached